# MTF Prescription Restriction Program

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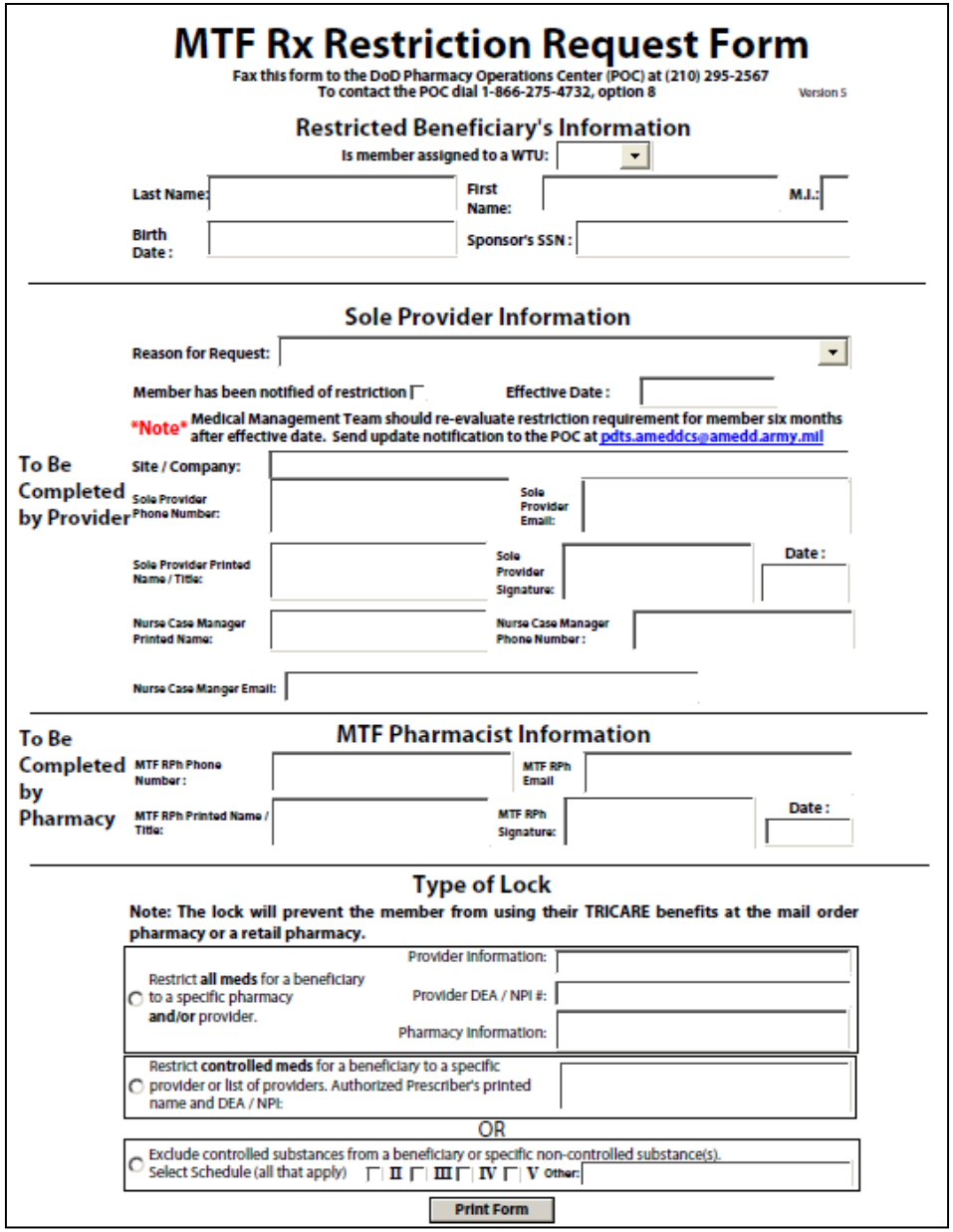
1. **MTF providers identify beneficiary who may have "drug seeking behavior" or high risk of harming self or others**
2. **Use Pharmacy Data Transaction Service (PDTS) to set restriction**
3. **The provider has the option to:**
    1. **Restrict all meds to a specific pharmacy and/or provider**
    2. **Restrict controlled meds to a specific provider or list of providers**
    3. **Exclude controlled substances or specific non-controlled substance(s) at mail order or retail pharmacy**

- **The restriction form is available on the PEC website:**

**https://rxnet.army.mil/pec/pdts/pdts_mtfs.php?submenuheader=0**



# MTF Rx Restriction Request Form

Fax this form to the DoD Pharmacy Operations Center (POC) at (210) 295-2567
To contact the POC dial 1-866-275-4732, option 8

Version 5

## Restricted Beneficiary's Information

Is member assigned to a WTU:

Last Name: First Name: M.I.:

Birth Date: Sponsor's SSN:

## Sole Provider Information

Reason for Request:

Member has been notified of restriction ☐ Effective Date:

*Note* Medical Management Team should re-evaluate restriction requirement for member six months after effective date. Send update notification to the POC at pdts.ameddcs@amedd.army.mil

**To Be Completed by Provider**

Site / Company:

Sole Provider Phone Number: Sole Provider Email:

Sole Provider Printed Name / Title: Sole Provider Signature: Date:

Nurse Case Manager Printed Name: Nurse Case Manager Phone Number:

Nurse Case Manger Email:

## MTF Pharmacist Information

**To Be Completed by Pharmacy**

MTF RPh Phone Number: MTF RPh Email

MTF RPh Printed Name / Title: MTF RPh Signature: Date:

## Type of Lock

**Note: The lock will prevent the member from using their TRICARE benefits at the mail order pharmacy or a retail pharmacy.**

○ Restrict **all meds** for a beneficiary to a specific pharmacy **and/or** provider.

Provider Information:
Provider DEA / NPI #:
Pharmacy Information:

○ Restrict **controlled meds** for a beneficiary to a specific provider or list of providers. Authorized Prescriber's printed name and DEA / NPI:

OR

○ Exclude controlled substances from a beneficiary or specific non-controlled substance(s).
Select Schedule (all that apply) ☐ II ☐ III ☐ IV ☐ V Other:

Print Form

# Medication Restriction Program

- **MTF communicates to the POC which restriction type to manage pharmacy benefit**

- **Requires signature and coordination of the "Triad Team" comprised of the Provider, Nurse Case Manager, and the MTF Pharmacist**
  - Coordination between Triad Team and POC when SM is on leave or transfers for care

**Civilian-Based Pharmacy Restriction Program**

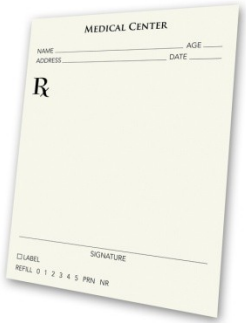
- AD Members assigned to CBWTU
- Community-based Pharmacy Restriction Form
  - Specific retail network pharmacy
  - Specific network provider

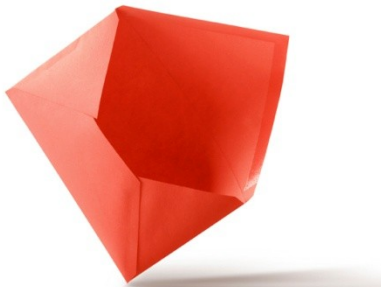
**For Restriction Removal or temporary lift:**

- Contact the POC at 1-866-275-4732 option 8 or send e-mail to: pdts.ameddcs@amedd.army.mil

# Retail Medication Restriction Program (1-1-1)

- Express Scripts, Inc. (ESI) identifies members quarterly
- ESI sends data to Managed Care Support Contractor (MCSC) to examines medical & pharmacy claims to include / exclude in program
- ESI generates letters to members to select pharmacy, provider & medical facility
  - Letters not returned in 60 days or undeliverable are set at 100% Prepayment on all control meds
  - Member returns letter with selections
- ESI sends information to POC to enter selections in PDTS



# Future initiatives

- **Enhanced messaging (PRODUR Warnings) between PDTS and CHCS for MTFs**
  - **Providers/Pharmacy will receive warning of beneficiary restriction**